

INSTRUCTIONS

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09633

9646 CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH

COUNTY Queen Anne's
 CITY (If outside corporate limits, write RURAL
 OR end give nearest town)
 TOWN Centerville

MARYLAND

LENGTH OF STAY
(in this place)
lifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Queen Anne's
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Centerville

STREET
ADDRESS3. NAME OF
DECEASED
(Type or Print)

DAISY SMITH

(Middle)

(Last)

4. DATE
(Month)
OF
DEATH

Sept 12 1956

EMORY

IF UNDER 1 YEAR
Months Days Hours Min.

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED
(Specify)

8. DATE OF BIRTH

9. AGE last birthday
72 yrs.10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)

Housewife

10b. KIND OF BUSINESS
OR INDUSTRY

Research

11. BIRTHPLACE (State or foreign country)

Centerville Maryland

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME

William Smith

14. MOTHER'S MAIDEN NAME

Laura Benson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS

Elsie Roberts, Centerville Md

INTERVAL BETWEEN
ONSET AND DEATH

abab274

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

352x IMMEDIATE CAUSE

(A)

Heart

ANTECEDENT CAUSE(S) DUE TO

Varicose veins

DISEASES OR CONDITIONS, IF ANY, (B) :

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Varicose veins

abab274

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month)

(Day)

(Year)

(Hour)

21e. INJURY OCCURRED

While
at work Not while
at work

21f. HOW DID INJURY OCCUR?

M.

at work

M.

STATE OF CALIFORNIA

REGISTRATION STATE OF CALIFORNIA

and new
elaborate

and new
old

25 51 type

PHONE 4112 42180

52 281-51-100 number needed least

53 subject described however you want

name and telephone number

all wanted described - and or or

BUREAU X

SEP 17 1956

Planned
Baptized
Difficult
Lived

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09634

9647 CERTIFICATE OF DEATH

Reg. Dist. No. 251

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155-10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Anne Queen Anne</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Sudlesville</u>		STATE <u>MARYLAND</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Starr</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>X</u> <u>00</u>		STREET ADDRESS <u>05x2</u> <u>Centreville, R.F.D.</u>	
3. NAME OF DECEASED (Type or Print) <u>Annie Marie</u>		4. DATE (Month) <u>9</u> (Day) <u>29</u> (Year) <u>1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	8. DATE OF BIRTH <u>5/22/1860</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>John Hoxter</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>17. INFORMANT & ADDRESS</u> <u>Robert Hoxter, Starr</u>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.0</u> IMMEDIATE CAUSE (A) <u>Arterio Sclerotic Heart Disease</u> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Generalized Arteriosclerosis</u> <u>Sensibility</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>DK</u> <u>DK</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) <u>Oct</u> (Day) <u>26</u> (Year) <u>1956</u>		21e. WHERE DID INJURY OCCUR? (City or town) <u>—</u> (County) <u>—</u> (State) <u>—</u>	
M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 17 1956</u> to <u>Oct 26 1956</u> , that I last saw the deceased alive on <u>Sept 17 1956</u> , and that death occurred at <u>5:20 a.m.</u> from the causes and on the date stated above. SIGNATURE <u>H.H. Hamilton</u> M.D. ADDRESS (Street, city, town, state) <u>Wilmington Md</u> DATE SIGNED <u>Oct 1/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>10/2/56</u> NAME OF CEMETERY OR CREMATORIAL <u>Chesterfield Cemetery</u> LOCATION (City, town, or county) <u>Centreville, Md.</u> (State) <u>—</u>	
24. REC'D BY REGISTRAR <u>ACT 5 1956</u>		REGISTRAR'S SIGNATURE <u>Edgar Lane</u> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James B. Dashiell, Easton, md.</u>	

AMERICAN CIVIL LIBERTIES UNION OF NEW YORK - NEW YORK

CERTIFICATE OF DEATH

BUREAU A.
RECEIVED
OCT 5 1956

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM43. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tranit permit. File Pages 1 and 2 with the registrar prior to burial, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 20 Film G205 10-22-56 ams

9648 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH a. COUNTY <u>Queen Anne's Co</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>md</u> b. COUNTY <u>Queen Anne's</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Outside Grasonville</u>		c. LENGTH OF STAY IN 1b <u>c. LENGTH OF STAY IN 1b</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>on route to hospital</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Lola Mae Kaufman</u>		First <u>Lola</u> Middle <u>Mae</u> Last <u>Kaufman</u>	4. DATE OF DEATH <u>Sept. 23 1956</u>
5. SEX <u>f</u>		6. COLOR OR RACE <u>w</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <u>?</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School girl</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <u>16 yrs.</u>
11. BIRTHPLACE (State or foreign country) <u>Costerville, md</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13. FATHER'S NAME <u>Fred Kaufman</u>		14. MOTHER'S MAIDEN NAME <u>Lola Mae Thompson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Brother Lee Kaufman</u> <u>Same address</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Auto. accident - Broken neck</u>		Address <u>822x</u>	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) _____ (c) _____		DUE TO <u>Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)</u>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) <u>Tire blew out - causing car to over turn</u>	
20c. TIME OF INJURY Month, Day, Year Hour <u>7</u> o. m. <u>9-23-56</u> 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>State highway</u>
		20f. (City or town) <u>nr. Perrys Corner</u>	(County) <u>QA</u> (State) <u>Md.</u>
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>W. Henry Fisher</u>		DATE SIGNED <u>9/23-56</u>	
EXAMINER'S NAME (Type)		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
22a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>9/26/56</u>	22c. NAME OF CEMETERY OR CREMATORIAL <u>Stevensville</u>
22d. LOCATION (City, town, or county) <u>Stevensville</u>		(State) <u>md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane Church Hellby</u>		ADDRESS <u>Edgar L. Lane Church Hellby</u>	24a. REC'D BY REGISTRAR DATE <u>9/26/56</u>
		24b. REGISTRAR'S SIGNATURE <u>D.H. Morris</u> <u>John Blodget Jr.</u>	

BUREAU V. M.

OCT 1 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9649

CERTIFICATE OF DEATH

09636

Reg. Dist. No. 251

1. PLACE OF DEATH a. COUNTY <i>Queen Anne's</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. STATE <i>Md.</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Pondtown</i>		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Pondtown</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First <i>Mary</i>	Middle <i>Pinkney</i>	4. DATE OF DEATH Month <i>Sept.</i> Day <i>25</i> Year <i>1956</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 18, 1891</i>	9. AGE (in years lost birthday) <i>83</i> yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own Home</i>	11. BIRTHPLACE (State or foreign country) <i>New Jersey</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Paul Bland</i>		14. MOTHER'S MAIDEN NAME <i>Eliza Lewis</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Elsie Massey Millington Md.</i>	Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>181X</i>		<i>Carcinoma of Bladder.</i>
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)		
DUE TO <i>Hematoma from Bladder</i> (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) <i>Cachexia</i>

20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>7/19 20</i>	20d. INJURY OCCURRED White of work <input type="checkbox"/> Not white of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>4P</i>	20f. (City or town) (County) (State) <i>Baltimore, Md.</i>
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21. I certify that I attended the deceased from <i>Sept 20, 1956</i> , to <i>Sept 25, 1956</i> , that I last saw the deceased alive on <i>Sept 24, 1956</i> , and that death occurred at <i>4P</i> M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>Baltimore, Md.</i>	DATE SIGNED <i>Sept 25, 1956</i>
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ACTUAL SIGNATURE <i>C. M. Bland</i>	PHYSICIAN'S NAME (Type) <i>Edward Ellsworth Millington Md.</i>		
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>9/29/56</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Mt Pleasant Cem.</i>	22d. LOCATION (City, town, or county) (State) <i>Pondtown Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edward Ellsworth Millington Md.</i>	ADDRESS <i>1120 E. 36th St. Baltimore Md.</i>	24a. REC'D BY REGISTRAR <i>Oct 2, 1956</i>	24b. REGISTRAR'S SIGNATURE <i>Edgar L. Lee</i>

WISCONSIN STATE DIVISION OF MOTOR VEHICLES

CIRCUIT COURT OF WISCONSIN

1956

BUREAU Y. S.

OCT 2 1956

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the date, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form FM3. Form 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

119637

9650 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH a. COUNTY <i>Ocean Arches</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MARYLAND</i> b. COUNTY <i>Caroline</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Crossonville</i>		c. LENGTH OF STAY IN lb <i>2 hours</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS <i>Denton</i>	
		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First <i>THOMAS</i>	Middle <i>EDWARD POLLARD</i>	Last <i>POLLARD</i>	4. DATE OF DEATH <i>SEPT 25 1956</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>AUG 15 1873</i>	9. AGE (In years last birthday) <i>83 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>
		WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>		11. IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blacksmith</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Blacksmith</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13. FATHER'S NAME <i>Unknown Pollard</i>	14. MOTHER'S MAIDEN NAME <i>Henretta Larrimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. T. E. Pollard, Denton, Md.</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart attack - He was working a</i>	
DUE TO <i>434.3</i>	
Conditions, if any, which gave rise to immediate cause (a), listing the underlying cause last. (b) <i>truck with slab wood - he fell + died -</i>	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <i>a. m.</i> <i>p. m.</i>	Month, Day, Year <i>19</i>	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) <i>Denton</i>	(County) <i>Baltimore</i>	(State) <i>Md.</i>	

21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
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ACTUAL SIGNATURE <i>W. Henry Fisher</i>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	DATE SIGNED <i>9/26/56</i>
EXAMINER'S NAME (Type) <i>W. Henry Fisher</i>	ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		

22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>Sept. 30, 1956</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Denton</i>	22d. LOCATION (City, town, or county) <i>Denton, Md.</i>	(State) <i>Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>John Angel Moorehouse</i>	ADDRESS <i>Denton, Md.</i>	24a. REC'D BY REGISTRAR <i>Elvie Armstrong</i>	24b. REGISTRAR'S SIGNATURE <i>Elvie Armstrong</i>	DATE <i>10/1/56</i>

BUREAU V. S.

OCT 2 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reported by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 FilmG202 9-27-56 et
9651

CERTIFICATE OF DEATH

169638

Reg. Dist. No.

253

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE					
Queen Anne MARYLAND		MARYLAND COUNTY Queen Anne					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STEVENSVILLE		c. LENGTH OF STAY IN lb c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STEVENSVILLE					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS					
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)		First	Middle				
WILLIAM		EDWARD	PORTER				
4. DATE OF DEATH		Month	Day Year				
SEPT. 1 1956							
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday) 86 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
MALE		WHITE	SEPT. 20 - 1867	86			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
CARPENTER				MARYLAND		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
HENRY PORTER		MARY Lewis					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
(If yes, give war or dates of service)		-		WM. E. PORTER		STEVENSVILLE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal Obstruction</u> INTERVAL BETWEEN ONSET AND DEATH of 3 days							
DUE TO							
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) <u>red personage</u>							
DUE TO							
(c) <u>red personage</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)							
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>red personage</u>							
20c. TIME OF INJURY Month, Day, Year Hour o. g. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at home		20f. (City or town) (County) (State) Stevensville MD	
21. I certify that I attended the deceased from <u>Aug 1</u> , 1956 to <u>Sept 1</u> , 1956, that I last saw the deceased alive on <u>Aug 31</u> , 1956, and that death occurred at <u>IP</u> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Oliver Eggerle</u> ADDRESS (Street, city or town, state) <u>Stevensville MD</u> DATE SIGNED							
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORIUM		22d. LOCATION (City, town, or county) (State)	
9-4-56		STEVENSVILLE		STEVENSVILLE		MD.	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE	
<u>Edgar S. Lane</u>		Church Hill Rd		Sept 4 1956		<u>Elizabeth Foster</u>	

BUFAAY X. L.

SEP 7 1956

KELLOGG COMPANY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9652 CERTIFICATE OF DEATH

89639

234

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Queen Anne's MARYLAND
 CITY (If outside corporate limits, write RURAL
OR and give nearest town)
 TOWN RURAL - STEVENSVILLE
 HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Q. A.
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Rural - Stevensville
 STREET ADDRESS (If rural give location)

3. NAME OF
DECEASED
(Type or Print)

Charles Garfield Robinson

4. DATE (Month) (Day) (Year)
OF DEATH Sept. 22 1956

5. SEX M

6. COLOR OR
RACE C7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) Widowed10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) Farm Labor10b. KIND OF BUSINESS
OR INDUSTRY Agriculture

13. FATHER'S NAME

Philmore Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Daughter - Marjorie Robinson Stevensville

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN
ONSET AND DEATH

1wk.

See. Jra.

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,

OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED While Not while
at work at work

21f. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from Jan. 1952 to Sept. 1956, that I last saw the deceased

alive on Sept. 21, 1956, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

SIGNATURE

ADDRESS (Street, city, town, state)

DATE SIGNED 9/22/56

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county)

Burial

9/29/56 Stevensville, Cem Stevensville, Md. (State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE OCT 3 1956

Signature Helen Ridderidge

INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10M

BUREAU V. S

OCT 3

REGISTRY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 film GCE 10-1-61 st

89640

9653

CERTIFICATE OF DEATH

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be referred by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE	
<i>Queen Anne</i>		MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	b. COUNTY	
<i>Centreville</i>	<i>Life</i>	<i>Maryland Queen Anne</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
<i>Little Kidwell St</i>	<i>Centreville</i>		
3. NAME OF DECEASED (Type or print)	First	Middle	Last
<i>Sophie</i>	<i>A</i>	<i>Rozier</i>	
4. DATE OF DEATH	Month	Day	Year
	9	22	1956
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH
<i>Female</i>	<i>Col</i>	<i>WIDOWED</i> <input type="checkbox"/> <i>DIVORCED</i> <input type="checkbox"/>	<i>Approx.</i>
9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours
<i>63</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<i>Housewife</i>	<i>Domestic</i>	<i>Maryland</i>	<i>U.S.A.</i>
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
<i>Howard Anderson</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
<i>no</i>	<i>21222-348</i>	<i>Mrs. John E. Rozier</i>	<i>Centreville, Md</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			
<i>Arterio</i>	<i>Due To</i>	<i>Emphysema</i>	
<i>Arterio</i>	<i>Due To</i>	<i>Arterio Sclerosis Generalized</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>Years</i>			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first.			
(b)			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
<i>Cardiac Failure</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
<i>Sept 22 1956</i>		<i>19</i>	<i>Centreville</i>
21. I certify that I attended the deceased from <i>Sept 22 1956</i> , to <i>Sept 22 1956</i> , that I last saw the deceased alive on <i>Sept 22 1956</i> , and that death occurred at <i>12 PM</i> , from the causes and on the date stated above.			
ADDRESS (Street, city or town, state)			
ACTUAL SIGNATURE	<i>C.R. Layton</i>		
PHYSICIAN'S NAME (Type)	<i>C.R. Layton</i>		
DATE SIGNED	<i>Sept 22 1956</i>		
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORIUM	22d. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>9-26-56</i>	<i>Chesterville Cem</i>	<i>Centreville Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR DATE	24b. REGISTRAR'S SIGNATURE
<i>James B. Dorkin, Easton, Md.</i>		<i>Oct 3 1956</i>	<i>Elvie Armstrong</i>

BUREAU V. S.

OCT 3 1966

REG-2-V-1

09641

MARYLAND STATE DEPARTMENT OF HEALTH

9654

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 253

I. PLACE OF DEATH COUNTY Queen Anne		MARYLAND		2. DURELL RESIDENCE (HOME) OF DECEASED STATE Md.		COUNTRY Queen Anne		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Stevensville Rd.		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville Rd.		(If rural, give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS				
3. NAME OF DECEASED (Type or Print)		(First) Larry	(Middle) Maurice	(Last) Tolson	4. DATE OF DEATH	(Month) Sept	(Day) 5	(Year) 19
5. SEX male		6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan 20-1949	9. AGE last birthday 7 yrs.	If under 1 year Months	If under 24 hrs Days	If under 1 hour Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) School boy		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Stevensville Md		12. CITIZEN OF WHAT COUNTRY? 4 S		
13. FATHER'S NAME Taa Wrighton Tolson		14. MOTHER'S MAIDEN NAME Beuse Viola Dorsey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		
17. INFORMANT AND ADDRESS Beuse Viola Dorsey (mother)		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
Immediate cause (a) Auto accident - struck by car as he ran across road -								
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ran across road -								
(c) Broken neck.								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (CITY OR TOWN) (COUNTY) (COUNTY) (STATE) (STATE)				
TIME (Month) (Day) (Year) (Hour) OF INJURY 9- 5-56 11:30 m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>		HOW DID INJURY OCCUR? Struck by car				
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> - Stevensville Md								
SIGNATURE W. Henry Fisher		(Degree or title) Deputy Med Exam for Q-a Co Md		DATE SIGNED 9/5-56				
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 9/9/56		NAME OF CEMETERY OR CREMATORIAL Stevensville, Cem.				
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE Sept. 8, 1956		24. FUNERAL DIRECTOR ADDRESS						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 20 Film G205 10-10-56 ems

69642

9655

Reg. Dist. No.

252

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your records.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY QUEEN ANNE'S				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural CENTREVILLE		c. LENGTH OF STAY IN 1b LIFE		d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CENTREVILLE		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS R.T.O.				
3. NAME OF DECEASED (Type or print) HERMAN JESSIE UNSWORTH		First	Middle	Last	4. DATE OF DEATH SEPT 29 1956	Month	Day	Year
S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH MAY-19-1903	9. AGE (In years last birthday) 53 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) Queen Anne's Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME SAMUEL UNSWORTH				14. MOTHER'S MAIDEN NAME AUGG ELMS				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 23-24-0911		17. INFORMANT Mrs. E. L. Unsworth, Centreville, Maryland		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)								
835X DUE TO (b) Broken neck - Tractor accident								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.								
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) This man got on a tractor in implement shed. tractor drifted down grade - the hood on implement shed released clutch & his head was caught between hood of shed & steering wheel on tractor								
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED White at work <input checked="" type="checkbox"/> Not white at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, 10af. (City or town) factory, street, office bldg., etc.) Farm nr. Centreville Q.A. Md.		(County) (State)		
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .								
ACTUAL SIGNATURE W. Henry Fischer		DATE SIGNED 10/1/56						
EXAMINER'S NAME (Type) Deputy Med Exm for 2nd Co. Corp		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct. 1-1956		22c. NAME OF CEMETERY OR CREMATORIUM Chesterfield		22d. LOCATION (City, town, or county) Centreville Maryland -		
23. FUNERAL DIRECTOR'S SIGNATURE W. George Fischer Centreville Maryland		ADDRESS 102 Center Street Centreville Maryland		24a. REC'D BY REGISTRAR Elise Armstrong		24b. REGISTRAR'S SIGNATURE Elise Armstrong		
VS. A15ME(S) 5M 9/55				DATE 10/1/56				

مکتبہ ملک

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一〇四九

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جایی که نمایش داد

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גָּמְבָּרֶךְ

דרכו של נסיך

Digitized by srujanika@gmail.com

العنوان: (جامعة الملك عبد الله للعلوم والتقنية)، رقم: 1180-25-845

Tribus rōmē - tres uolunt

BUREAU V. S.

OCT 3 1956

RECEIVED

silent mouthed
refused to stop
but is a C of
blowhard & pitiful
and will mouth off about me

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9656

CERTIFICATE OF DEATH

69643

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 & 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>QUEEN ANNE</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>MD</i>		b. COUNTY <i>QUEEN ANNE</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>SUDLERSVILLE</i>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>SUDLERSVILLE</i>		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First <i>FRANK</i>	Middle <i>I</i>	Last <i>WILLIAMS</i>	4. DATE OF DEATH <i>SEPT. 29 1956</i>	Month <i>SEPT.</i>	Day <i>29</i>	Year <i>1956</i>
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>FEB. 8, 1880</i>	9. AGE (In years last birthday) <i>76 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 HRS. Hours <i>0</i>	13. IF UNDER 24 HRS. Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CARPENTER - CONTRACTOR</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>NEW JERSEY</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>JSSPC WILLIAMS</i>		14. MOTHER'S MAIDEN NAME <i>MARY MEADE</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>214-36-5202 MRS. RUTH WILLIAMS - SUDLERSVILLE MD.</i>		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute coronary occlusion</i>		<i>immediate</i>						
420.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Degeneration of heart muscle</i>		<i>for years</i>						
DUE TO (c) <i>Coronary sclerosis — hypertension -</i>		<i>for yrs -</i>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m. <i>19</i>		20d. INJURY OCCURRED White at work <input type="checkbox"/> Nat white at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>20f. (City or town) (County) (State)</i>				
21. I certify that I attended the deceased from <i>May 24</i> , 1955, to <i>Sept. 18</i> , 1956, that I last saw the deceased alive on <i>Sept. 18</i> , 1956, and that death occurred at <i>10 P. M.</i> from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>MILLINGTON</i> DATE SIGNED <i>10-1-56</i>						
ACTUAL SIGNATURE <i>Geza Kora Lewski</i>		M.D.						
PHYSICIAN'S NAME (Type) <i>GEZA, KORA LEWSKI MD</i>								
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		22b. DATE THEREOF <i>OCT. 3, 1956</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>WHITE STONE CEM. KILMARNOCK, VA.</i>		22d. LOCATION (City, town, or county) <i>KILMARNOCK, VA.</i>		(State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edward G. Hollings - Millington, Md.</i>		ADDRESS <i>Millington, Md.</i>		24a. REC'D BY REGISTRAR <i>DATE 8 1956</i>		24b. REGISTRAR'S SIGNATURE <i>Edgar Lane</i>		

DEPARTMENT OF STATE BUREAU OF INVESTIGATION
COMMONWEALTH OF MASSACHUSETTS

COMMONWEALTH OF MASSACHUSETTS

BUREAU V. S.

OCT 8 1956

RECEIVED